

1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$0.95 County Name District Name Legal Entity Number County Number Valley Glasgow K-12 Schools Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 53-1-16 9 12 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1FDJE34L1HHB94073 427 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0926 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required; to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by

the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA.

I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

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Due Dates: All Routes		To County Supt October 1		To OPI October 15	١	Rate Per Mile \$1.57		
County Name			County Number		District Nam	ne		Legal Entity Number
Valley			53		Glasgow	K-12 Schools		0926
Route #	Length of	Route (miles per day)			vice Bus Route Mi		Rated Capacity
53-1-12	87.6				Bus Rout	□ Non Bus Mile e Mileage	age	72
Vehicle I.D. #	Licer	nse #					District Own	ned
1BAAHCPH93F211588	257	7				f so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the lega	al entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Lega	al Entity			n budget! Legal Entity		Legal Entit	ty
0926								
% 100.00	%	%			%		%	
PASSENGER INFORMATION	,	,,,			70		70	_
Number of Preschool/Kindergar this route	rten pupils ri	iding	ELEMENTARY (Grades Ph		ERS	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		•	a NUMBE	R		b NUMBEF	2	c a+b
Regular (include eligible Preschool/	Kindergarten r	riders)	HOWIDE			NOWBE	<u> </u>	u i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre	eement that we	s OR vould						
otherwise allow nonresident riders to (Include ineligible Preschool/Kinder)	garten riders)							
Nonpublic School Riders (ineligible)								
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County C	Transportat	tion Co	mmittee Approval as	requ	uired in acco	ordance with Section :	 20-10-132, MC	CA.
This Application for Registration area assigned to it by the Coun	n of School E	Bus and	State Reimbursement					
Signature - Chair, County Transport	ation Committ	ttee					Date	



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Due Dates: All Routes			Cou obe	inty Supt r 1	To OPI October 15		Rate Per Mile \$1.15		
County Name			County Number		District Nam	ne		Legal Entity Number	
Valley			53		Glasgow	K-12 Schools		0926	
Route #	Leng	th of Route	(miles per day)			rvice Bus Route M		Rated Capacity	
53-1-4	96				Bus Rout	□ Non Bus Mile te Mileage	eage	54	
Vehicle I.D. #		License #			District Ow	rned	District Owr	ned	
1BAKCCKH65F216907		343				If so, Name of Owner I rate per mile			
Reimbursement Distribution- Er	nter the	e legal entity			f state/county ch budget!	reimbursement to be μ	aid to each dis	strict. Note: Percentages	
Legal Entity 0926		Legal Entity		natt	Legal Entity	,	Legal Enti	Legal Entity	
% 100.00		%			%		%		
PASSENGER INFORMATION		,,,					,,		
Number of Preschool/Kindergal this route	rten pu	pils riding	ELEMENTARY (Grades P			HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS	
			b NUMBE	R	c a+b				
Regular (include eligible Preschool/	Kinderga	arten riders)	NOMBL	.11		INGINIBL		a i b	
1st Wheelchair (WC)									
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TOTAL ELIGIBLE RIDERS									
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Signature - Chair, Board of Trustees	•	a by and will	mi die dansportadon s	UI VII	cc area assig	inca by the County ITal	Date	mmuee.	
This Application for Registration area assigned to it by the Coun	n of Sch	hool Bus and	d State Reimbursemen			ordance with Section wed and I certify that thi			
Signature - Chair, County Transport	•	•					Date		



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School Year 2005 - 2006 This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.15 County Name District Name Legal Entity Number County Number Valley Hinsdale Public Schools 0932 0933 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 123.4 53 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BAAECSH91F098392 475 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0932 0933 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee

area assigned to it by the Sounty Transportation Committee.	
Signature - Chair, County Transportation Committee	Date



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Date

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For additional information contact Maxine Mougeot at 444-3096 or email mmougeot@state.mt.us

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This form is required in accorda receives state reimbursement e						ach bus route that
Due Dates All Routes			ounty Supt ber 1	To OPI October 15		\$0.95
County Name		County Number	District Nar	me		Legal Entity Number
Valley		53	Opheim I	K-12 Schools		0935
Route #	Length of Route	(miles per day)	Type of Se	rvice Bus Route Mi		Rated Capacity
53-9-1-100.4	100.4		Bus Rout	□ Non Bus Mileage Bus Route Mileage		42
Vehicle I.D. #	License #			District Owned District Own		ed
1G8L7T1C51J510458	403			If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be pa	aid to each dis	strict. Note: Percentages
Legal Entity	Legal Entity		atch budget! Legal Entity	,	Legal Entit	cy .
0935						
% 100.00	%		%		%	
PASSENGER INFORMATION	76		/0		/0	
Number of Preschool/Kindergar this route	ten pupils riding	ELEMENTARY (Grades Ph	_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
		a NUMBER			?	c a+b
Regular (include eligible Preschool/l	Kindergarten riders)	Hembert		NUMBER		Q 1 0
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related	Service					
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., nonresident and no attendance agreotherwise allow nonresident riders to (Include ineligible Preschool/Kinders	eement that would be be eligible)					
Nonpublic School Riders (ineligible)						
TOTAL RIDERS						
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I certify that this application for bus operates on the route as ap	registration of scho	ool bus and state reimbu	rsement is true	and complete to the bes	t of my knowle	edge and belief, and the
Signature - Chair, Board of Trustees			3.00 0000	,, county 11011	Date	
County This Application for Registration		ommittee Approval as r				
area assigned to it by the County Signature - Chair, County Transport	ty Transportation C				Date	
, ,					1	



1 copy State Supt.1 copy County Supt.1 copy School District

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Due Date All Routes	To County Supt October 1		To OPI October 15		Rate Per Mile \$0.95		
County Name		County Number	District Nan	ne		Legal Entity Number	
Valley		53	Opheim k	K-12 Schools		0935	
Route #	Length of Route		Type of Ser	vice Bus Route Mi		Rated Capacity	
53-9-7-103.2	88		Rus Rout	□ Non Bus Mileage Bus Route Mileage		36	
Vehicle I.D. #	License #		L	District Owned District Ov			
1GBL7T1J4VJ112971	429			If so, Name of Owner I rate per mile			
Reimbursement Distribution- Er	nter the legal entity			reimbursement to be p	aid to each dis	strict. Note: Percentages	
Legal Entity 0935	Legal Entity		Legal Entity	,	Legal Entit	ty	
% 100.00	%		%		%		
PASSENGER INFORMATION	76		/0		/0		
Number of Preschool/Kindergal this route	rten pupils riding	ELEMENTARY F (Grades PK		HIGH SCHOOL (Grades 9-		TOTAL ELIGIBLE RIDERS	
		a NUMBER		b NUMBER		c a + b	
Regular (include eligible Preschool/	Kindergarten riders)	NOMBLIN	·	Nowing		a v b	
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related	I Service						
TOTAL ELIGIBLE RIDERS							
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Nonpublic School Riders (ineligible)							
TOTAL RIDERS							
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County This Application for Registration		ommittee Approval as re					
area assigned to it by the Coun	ty Transportation C		iao boon roviev	Tod and I dormy that this	<u>'</u>	, main the dansportation	
Signature - Chair, County Transport	ation Committee				Date		



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Due Dates: All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57		
County Name			County Number		District Nan	ne		Legal Entity Number
Valley			53		Nashua k	K-12 Schools		0937
Route #	Lengt	th of Route ((miles per day)			rvice Bus Route Mi		Rated Capacity
53-13-2-85	65				Bus Rout	□ Non Bus Mile te Mileage	age	72
Vehicle I.D. #	l	License #			District Owned District Owne		ned	
1BAAKCPA02F203687	-	138				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the	legal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity		Legal Entity		matc	ch budget! Legal Entity	,	Legal Enti	ty
0937								
% 100.00		%			%		%	
PASSENGER INFORMATION								
Number of Preschool/Kindergar this route	rten pup	oils riding	ELEMENTAR` (Grades F		_	HIGH SCHOOL (Grades 9-	_	TOTAL ELIGIBLE RIDERS
			a NUMBI	FR		b NUMBER	?	c a + b
Regular (include eligible Preschool/l	Kinderga	arten riders)	11011121			Nowber		a i b
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related	d Service							
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., nonresident and no attendance agre otherwise allow nonresident riders to	eement th o be eligi	hat would ible)						
(Include ineligible Preschool/Kinderg Nonpublic School Riders (ineligible)		ders)						
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Signature - Chair, Board of Trustees	•	,				, -, -,	Date	
-	Tues:	amatic : C			ordered to a co	andanaa wiith Occid	20.40.422.534	>A
This Application for Registration area assigned to it by the Coun	n of Sch ty Trans	ool Bus and sportation C	State Reimbursemer			ordance with Section a wed and I certify that this		
Signature - Chair, County Transport	tation Co	mmittee					Date	



Date

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